STATE OF CONNECTICUT

Application for License to Promote and hold Boxing, Sparring and Wrestling Matches or Exhibitions Where an Admission Fee is Charged or Received

Department of Consumer Protection

Fee \$250.00 Application Check Made Payable to: "Treasurer, State of Connecticut" 2 Photos 2"x2" Athletic Division
State Office Building
165 Capitol Avenue
Hartford, Connecticut 06106

Date:
The total annual fee shall be paid for any license issued between January 1 st and December 31 st , both dates inclusive.
Every license shall expire at midnight on December 31 st of the year in which such license is issued.

The undersigned, having submitted the necessary bond and paid the required fee, hereby makes application to conduct boxing, sparring and wrestling matches or exhibitions where an admission fee is charged or received, in accordance with Chapter 419e of the Connecticut General Statutes, and subject always to the rules and regulations of the Commissioner of Consumer Protection. It is agreed that this license may be suspended or revoked by the Commissioner of Consumer Protection and that it is not transferable

Frotection and that it is not tran	steraute.		
Note: Pursuant to the Connecti	cut General Statutes Section 33-422 ar	d Section 33-285.	
Office of Secretary of State Con	nfirmation of filing:	Date:	
Certificate of Authority			
Date:	Ву:		
Name of corporation, partnersh	ip or individual:		
Address:			
Premises where contest will be	held:	Town:	
If premises are owned or leased	by applicant, so state:		
Persons connected with club (co	orporations please state all officers, dir	ectors and stockholders):	
Name:	Address:		
Name of licensed matchmaker:			
Record of matchmaker:			

	als, other than matchmake, boxers, or in any other ca		ith promotion of boxing contests heretofore, either as
Has the corporation, any boxers? (state ci		club or any of its	stockholders, officers or members any financial interest in
			ship or club in any capacity? (state circumstances)
	REFE	ERENCES FOR C	CLUB (give three)
Name:		Address:	
Name:		Address:	
Name:		Address:	
			(name of club, corporation or partner)
		By:	(name and title)
	n under the penalties of pe f my knowledge and belie		tements made in this application have been examined by rect.
Approved	, 20		
Commissioner of Co	nsumer Protection		